

PRO-WHAT?

Seventh-day Adventists and Abortion

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The Issue

The Seventh-day Adventist Church is conservative in its interpretation of the Bible, and typically upholds conservative standards on "family" issues: it has, for example, adopted strict rules concerning divorce and remarriage and has stated that practicing homosexuals are not acceptable as members [*Seventh-day Adventist Church Manual*, 1990: 160]. However, it avoided recommending a position on abortion to its members, despite the sharpness of the debate over the issue within American society and the relevance of the question to both its members and its hospitals, until the end of 1992. At that time, unlike many other conservative denominations, it adopted a statement that attempted to be both Pro-Life and Pro-Choice concurrently.

This paper examines the evolution of the abortion issue within the Adventist Church and the dynamics and significance of its recent resolution. It highlights the tensions between the conservative inclinations of Adventist theology and of the majority among its global membership and the demand for flexibility by its extensive and influential hospital system.

Research Methods

The research reported here is part of a large study of Adventism, which has included 3,000 in-depth interviews with church administrators, teachers, hospital administrators and medical personnel, pastors, students, and leading laypersons in 54 countries in all eleven of the Adventist "divisions" of the world. It has also gathered questionnaires from respondents around the world and from samples of college students and members in North America. For this paper I have added 22 focused interviews with members of and contributors to the Christian View of

Human Life Committee, hospital administrators, leaders of Adventists for Life and of the Adventist Adoption and Family Services, and editors. This paper draws extensively on both interview and survey data and on a search of both official and unofficial Adventist publications addressing the abortion issue.

Adventists and Abortion in the Nineteenth Century

Abortion was widespread in the U.S. in the nineteenth century--it is estimated that 20% of pregnancies ended in abortion. Around 1860 the medical profession launched a campaign to change this, in part to help establish their profession. Abortion was proscribed in 40 states between 1860 and 1880, and prohibition of it was universal by 1900 [Pearson, 1990:92-4].

Though Adventists were not involved in the crusade against abortion, they supported its stand. Both the *Advent Review and Sabbath Herald*, the in-house paper, and *The Health Reformer*, a missionary paper founded in 1866, carried articles warning against abortion, dubbing it "child murder" [Gainer, 1988:5,6; Pearson, 1990:100]. Once he became editor of *The Health Reformer* and chief of both the Battle Creek Sanitarium, the church's first medical institution, and its fledgling medical school, Dr. John Harvey Kellogg echoed these views. For example, he dubbed America "a nation of murderers" [Pearson, 1990: 103].

Ellen White, the Adventist prophet, never addressed the issue directly--though it can be assumed that she was aware of it because of the strong stand taken by her protege, Dr. Kellogg, and because her husband included an article by a non-Adventist, Dr. E.P. Miller, railing against abortion, along with other sex-related articles by the prophet, in a book which he edited [White, 1870]. There is also considerable evidence that she would have found it morally repugnant. For example, she laid great emphasis on the importance of prenatal influences, and urged mothers to "consecrate their offspring to God, both before and after its birth" [cited Pearson, 1990:97].

Since the doctors' crusade resulted in laws banning abortions, there was little controversy over the issue during the first six decades of the twentieth century. Adventists remained almost totally silent on the topic during that time.

Guidelines for Adventist Hospitals, 1970 and 1971.

Abortion came into focus in the U.S. again in the 1960s, with deformed infants because of the use of thalidomide, a rubella epidemic, fears of overpopulation, and an increasing demand by families for efficient means of family limitation because of their eagerness to maintain a high standard of living [Pearson, 1990:107]. The American Medical Association supported change in 1967, and states began to enact liberalized laws. In the famous Roe vs

Wade decision in 1973, the Supreme Court allowed abortion without state interference during the first trimester of gestation.

The issue was raised for Adventists after Hawaii's abortion laws were repealed in February 1970, when requests were made for elective abortions at their Castle Memorial Hospital. (It had previously performed "therapeutic abortions" to save the life of the mother, when pregnancy was the result of rape or incest, or the mother was afflicted with severe mental anxiety.) Particular pressure was applied by one of the original funders of the hospital, whose teenaged daughter was pregnant. The hospital administrator sought advice from church leaders, only to be told that the church had made no decision on the issue. Consequently, the hospital adopted an "interim position," pending a church decision, to do elective abortions during the first trimester [Gainer, 1988:11,12].

In March 1970 the General Conference appointed a committee to consider what counsel should be given to Adventist hospitals. Its plan was to prepare a position which could then be ratified by the quadrennial session of the General Conference in June that year. On March 17, N.C. Wilson, president of the North American Division, made a statement that was carried by the Religious News Service. While expressing sympathy for a pro-choice position, he predicted that the General Conference session would steer a centrist course on abortion:

...we would not feel it our responsibility to promote laws to legalize abortion...nor oppose them....

Though we walk the fence, SDA's lean towards abortion rather than against it. Because we realize we are confronted by big problems of hunger and over population, we do not oppose family planning and appropriate endeavors to control population [quoted by Gainer, 1988: 13].

Wilson added that it would be difficult for the denomination to take a hard and fast position on abortion because of its global activity.

On May 13, 1970, the General Conference officers voted to accept "suggestive guidelines for therapeutic abortions," the first formal pronouncement made by the Adventist church. The stated purpose of this document was to inform the policies of Adventist hospitals in the U.S. It permitted abortions, after consultation with two colleagues, during the first trimester under the following conditions:

1. When continuation of pregnancy may threaten the life of the woman or seriously impair her health.

2. When continuation of the pregnancy is likely to result in the birth of a child with grave physical deformities or mental retardation.

3. When conception has occurred as a result of rape or incest [*Ministry*, March 1971].

These conditions closely paralleled those put forward by the American Law Institute in its *Model Penal Code*, issued in 1959, in which it suggested reforms that would bring the law up to date with what was then the practice in most hospitals [Luker: 1984,65, 278]. However, the situation in the U.S. had changed dramatically since that time. Consequently, when members of the Adventist medical community objected to the new guidelines on the grounds that they were inadequate, church leaders decided not to take them to the General Conference Session for approval.

Instead of this, the General Conference officers decided to enlarge the earlier abortion guidelines committee "to study what counsel should be given regarding elective abortions" [Minutes, July 6, 1970, quoted by Gainer, 1988: 16]. In July 1970, R.R.Bietz, a vice president of the General Conference, met with leaders of the Hawaii hospital. In a subsequent letter he wrote that several of the doctors using the hospital wished to do more than therapeutic abortions, and if this were not allowed

"chances are fairly good that they will take their patients [to other hospitals] for other treatments as well. This could mean a loss of good will and also patronage for Castle Memorial... Some heavy contributors to Castle Memorial Hospital feel we should be - willing to work in harmony with the laws of the state. In their opinion the community, federal and state monies have for all practical purposes made this a community hospital. They reason, therefore, that the community wishes should be taken into consideration..."

The situation was further complicated by the fact that several of the Adventist doctors were opposed to doing elective abortions:

"Should the decision be to have abortions beyond what they are doing now, the Adventist doctors could no doubt be satisfied or at least silenced if the [hospital] administration would have the support of the higher church organization." [Bietz to W.J.Blacker, president of the Pacific Union, July 8, 1970, cited by Gainer,1988: 15].

In December 1970 the chief of staff of Castle Memorial Hospital wrote to the president of the General Conference to complain about the length of time that had elapsed without a

decision. He added that there was "rather reliable information" that a number of Adventist west coast hospitals had in their practice "greatly liberalized" their definitions of therapeutic abortion, and argued that this was a precedent for allowing Castle Memorial's request [Raymond deHay to R.H. Pierson, Dec.16, 1970, quoted by Gainer, 1988: 17-18]. The abortion committee - subsequently spent considerable time discussing sharp increases in the number of therapeutic abortions in certain Adventist hospitals, which had jumped from 3 to 79 between 1968 and 1970 in one case and from 4 to 34 in another [Minutes, January 25, 1971, cited by Gainer, 1988: 19-20].

The new position, entitled "Interruption of Pregnancy Statement of Principles" because it covered both therapeutic and elective abortions [N.C. Wilson to W.J. Blacker, July 13, 1971, cited by Gainer, 1988: 23], was finally voted by the General Conference officers on June 21, 1971. The need to consult with other physicians before conducting an abortion was removed, and the conditions under which abortion was acceptable were broadened considerably. Two of the original conditions were liberalized: "seriously" was removed as a qualifier of a threat to "impair [the woman's] health", and "physical deformities and mental retardation" no longer had to be "grave." Two additional conditions were added:

"When the case involves an unwed child under 15 years of age.

"When for some reason the requirements of functional human life demand the sacrifice of the lesser potential human value" [Widmer,1986: 15, emphasis supplied].

In a letter to Wilson, who largely shaped the changes, W.R.Beach, Secretary of the General Conference, observed that the final condition would "cover less definitive reasons for any interruptions of pregnancy" [March 8, 1971, cited by Gainer,1988: 21]. Indeed, it was so vague as to appear to open the way to abortion on demand. Castle Memorial Hospital, finding the wording of the guidelines "broad enough to interpret any way you chose to" [interview with Marvin C. Midkiff, administrator of the hospital, cited by Gainer, 1988: 24], allowed elective abortions through the twentieth week of gestation, and even later when there were "compelling social or medical reasons" [Bietz to Blacker, July 8, 1970, cited by Gainer, 1988: 24].

In creating abortion guidelines for Adventist hospitals, church leaders had shown an astonishing eagerness to be in step with the changing climate of opinion [see, e.g., W.R. Beach to N.C.Wilson, March 8, 1971, cited by Gainer, 1988: 22]. In arriving at their position they had called for neither theological nor ethical studies, but had deferred to the judgment of their medical establishment, since "the performing of abortions" is "the proper business of responsible staffs of hospitals" [*Ministry*, March 1971, 10-11]. Moreover, they had granted the hospitals a high degree of autonomy in interpreting the guidelines as they developed their own policies.

The earlier 1970 guidelines were initially circulated by the General Conference among the hospitals in duplicated form. Eventually, in March 1971, they were published in *Ministry*, the Adventist periodical for clergy [10-11]. It was peculiar that this announcement contained no hint that the development of a new statement was already well advanced, and that the two accompanying articles by General Conference personnel, one of whom was chair of the ongoing abortion committee, opposed all but therapeutic abortions [Beach, 1971: 3-6; Waddell, 1971: 7-9]. The second, June 1971, statement was also distributed among the hospitals--but its provisions were not published for 15 years [Widmer, 1986:14-15; *Ministry*, 1988: 18-20]. This situation caused a great deal of confusion among Adventist clergy and laity concerning the church's stance on abortion and its practice in its medical institutions. On several occasions editorials and articles in church papers quoted the superseded 1970 guidelines as current [Durand, 1983:14; Wood, 1985:21; Johnsson and Widmer, 1986: 11-17]. When the editor of the *Adventist Review* refused to correct blatant errors in the 1986 article, Gainer concluded that the church had engaged in a policy of duplicity and deliberate obfuscation [Gainer, 1988:27-30].

Adventist Members and Abortion

Meanwhile, Adventist members received mixed messages from their church concerning abortion. Church periodicals broached the topic infrequently, but when they did so they were "markedly more conservative than the thinking represented in the General Conference Guidelines" [Pearson, 1990:123]. While an occasional article advocated a moderate position, allowing abortions in especially difficult situations [Londis, 1974], the vast majority adopted stances strongly opposing abortion [Dick, 1971; Gow, 1977; Drennan, 1977; Muller, 1985; *Sabbath School Quarterly*, August 1982]. However, advice to women from their pastors varied considerably [Sweem, 1988:14], and many of the young pregnant women who chose to utilize Adventist Adoption and Family Services reported that they had been strongly advised by college and academy deans of women, teachers and pastors to put the problem behind them by having an abortion [interview].

Some American Adventists became pro-life activists. Adventists for Life was founded in 1985 in Loma Linda, an Adventist center in southern California, after an Adventist with a pregnant girlfriend was dissuaded from insisting that she have an abortion [interview]. When his attempt to find an Adventist pro-life group seemed to dumbfound the spokesperson at the General Conference, he formed it as a local organization. Later it merged with a Texas group, the Adventist Society on Abortion Education, and went national. It spun off a crisis pregnancy ministry in 1991. However, AFL remains a small group, with merely 81,000 persons on its mailing list. Few Adventist pastors are willing to allow its leaders to speak in their churches, and its - existence has never been acknowledged in an Adventist periodical.

Several Adventists with pro-life convictions came to perceive the church as so strongly pro-choice that they resigned their membership: "We could not continue to fellowship with a church that cares more about wearing a wedding band than aborting babies" [Banks, 1990: 37; c.f. Wood, 1985:21] One of these, Patti McKinney, was a cofounder of WEBA (Women Exploited by Abortion), an organization with 36,000 members and chapters in 30 states. When she tried to share her mission of help for women who, like herself, needed post-abortion healing with the General Conference, she was told, "Get off your soapbox or get out of the church" [Gainer, 1988:35-6].

Survey data indicate that while there are deep divisions among Adventists in North America concerning abortion, a majority of the laity, in particular, express pro-life sentiments. Interviewees, who were mostly church employees, were asked to complete a post-interview questionnaire, which asked whether they agreed with "carrying out abortions at Adventist hospitals." Of 485 respondents answering the question in the U.S. and Canada, 185 (38.1%) agreed or strongly agreed, while 183 (37.8%) disagreed or strongly disagreed--an even split. However, the low proportion answering "strongly agree" (6.8%) suggested a reluctance to endorse the proposition with enthusiasm. In contrast, a random survey of North American laypersons using the same question found them more opposed (33.8% agree, 39.5% disagree). Another survey of 1,200 members in North America carried out under the auspices of Loma Linda University asked "under what circumstances do you consider abortion to be acceptable?" Only 13% found it acceptable under no circumstances. However, while 84% would allow it if the pregnancy threatened the mother's life, and 70% if it were the result of rape or incest, approval then dropped away sharply to 38% if the fetus were physically or mentally handicapped, 21% if the mother were 15 years or younger, 10% if the parent can't afford a child, and 1% for sex selection. A strong majority (54.7% to 27.5%) agreed that "the church should take a stand against abortion except for the case of rape, incest, or danger to the life of the mother."¹ While a survey of 894 youth aged 18 to 20 from Adventist families in North America done by the Institute of Church Ministry at Andrews University found 43% favoring and 39% opposing "laws restricting abortions except in cases where the mother's life is in danger or that result from rape", 63% thought "abortion when a pregnancy is unexpected or unwanted" was wrong and 17% right [Dudley, 1991:10,11].

How do these North American data compare with other segments of this global church? My sample includes 1194 respondents from 54 countries in all eleven "divisions" of the General Conference.² Those from Australia and New Zealand were slightly more comfortable with Adventist hospitals performing abortions (40.8% to 36.9%) than their American counterparts. - However, Europeans were much less comfortable (26.9% to 53.8%), and respondents from all

¹ These data are available from Sentinel Survey Services, 990 Redhill Valley Rd, Cleveland, TN 37323.

² The return rate from the 2950 interviewees was 41.5%, which is excellent considering the practical problems of language differences and asking people to use international mails.

sections of the Third World were very strongly opposed--collectively 19.8% to 59.0%. When foreign nationals, who were mostly North Americans, were removed from this latter segment, it became even more strongly opposed, 18.3% to 64.3%.

Given these sentiments, Adventist women are unlikely to publicize the fact when they have had an abortion. Therefore, data concerning the extent to which Adventist women utilize - abortions can only be piecemeal and impressionistic. An early (1971) survey of Adventist "counselors" (pastors, physicians, school counselors) found that all but one had been approached by women contemplating abortions--an average of six per year [Hall,1971:38]. Charles Wittschiebe, the dean of Adventist counselors in the area of sex, concluded in 1974 that "a disquieting number of our young women" were "resorting to abortion" [133]. Turning to more recent evidence, the sense among the staff of Adventist Adoption and Family Services that far more pregnant Adventist students choose to follow the frequent advice of deans to choose abortion than take the option to adopt or keep their babies is supported by reports from other respondents that the bulk of clients at abortion clinics near several Adventist colleges are - Adventist students [interviews]. An official of Adventist Singles Ministries reported that "Every month as I travel across North America I am confronted with from four to six singles who are - trying to come to terms with their personal involvement in an abortion" [Day, 1986:6-7].

Pearson argues cogently that because of the high priority given to education within Adventism, occupationally ambitious young persons or parents concerned with affording a church education for the children they already have are likely to turn to abortion. This is especially likely since the procedure has been legalized, for Adventists pride themselves in being law-abiding citizens, and are inclined to equate legality with moral rightness [1990:127,131]. Terian adds that since the Adventist church legalized abortion in its hospitals before Roe vs. Wade, Adventists have a double legalization to guide them [1992:208].

Moreover, in spite of occasional debates over baby showers for unwed mothers in local church papers, unmarried pregnancy is still widely stigmatized in North American Adventism. For example, when the head of Adventist Adoption and Family Services was asked to speak in a church service at Andrews University, the dean of women asked her to describe her work as if it was an outreach ministry to non-Adventists rather than a service catering to pregnant unmarried Adventists, lest she offend the parents of students [interview]. Because pregnancy cannot be hidden without an abortion, it is easier to abort.

Hospital Practice

Given the 1971 General Conference guidelines, what abortion policies did the Adventist hospitals develop in the years after Roe v. Wade?

Three surveys of American hospitals have been reported. All found considerable variety in policies and practice, thus suggesting that the vagueness of the fifth guideline had created - uncertainty, confusion and, in some cases, cynicism.

Winslow's 1988 survey of 51 hospitals garnered 26 responses. Twenty-three of these had developed written policies concerning abortions. Of these, six used the 1971 guidelines, one the 1970 guidelines, the others were more independent. Six were more restrictive than the guidelines, allowing no abortions at all or only when the life of the mother was threatened. All except one of the others restricted abortions to those they categorized as "therapeutic." One permitted elective abortions until the twentieth week of gestation [Winslow, 1992: 242-245].

Ministry received 39 responses from a survey of 52 hospitals in the U.S. and Canada which it reported in 1988. Its findings supported those of Winslow: 28 performed therapeutic abortions, 6 reported few or none in recent years, and one, while denying it did elective abortions, admitted to doing "social" abortions, "whatever that means" [Spangler, 1988:18]³

Pearson surveyed Adventist hospitals in the U.S. about the same time, but received responses from only 20 of 56. However, his data revealed the diversity of their practice in spite of their "marked reluctance" to respond to his request for "statistical information on abortion procedures." For example, while one hospital had a ratio of one abortion to every 1,402 admissions to its obstetrics-gynecology department, another's ratio was one to nine [Pearson, 1990: 124-5; 1988: 5]. Pearson concluded that the evidence indicated that "some Adventist hospitals [had] performed considerable numbers of elective abortions in the past fifteen years or so" [1990:133]. This conclusion is supported by the fact that in 1986 the *American Hospital Association Guide to the Health Care Field* listed 12 of the 56 Adventist hospitals in the U.S. as offering "abortion services" including "a program and facilities" [cited by Gainer, 1988:31]. Moreover, in confidential correspondence with hospital administrators, Pearson confirmed that abortions were taking place for "trivial reasons" [1990:126].

In contrast, surveys of Adventist hospitals in the Third World by both Pearson and the author found much stricter policies. At most they would perform abortions only if the life of the mother was threatened; some stated that they regarded all abortions as immoral and would do none [Pearson, 1990:125]. However, my interviews in Australia and Germany found that - hospitals there had quite liberal policies.

Inconsistency and Confusion

The stance of the Adventist church towards abortion was thus inconsistent and confused. While church periodicals and a majority of members adopted a conservative anti-

³ The article did not account for the remaining four cases.

abortion position, some Adventist hospitals were permissive in their policies. The latter were supported in this by the liberal 1971 guidelines of the General Conference, which were not publicized among the church membership until 1986.

In an endeavor to account for these discrepancies, Pearson pointed out that hospital policies were drawn up by medical personnel and hospital ethics committees--but many physicians, and even the heads of hospital departments, were not Adventists, and indeed this had become increasingly widespread during the rapid expansion of the Adventist hospital system in America during the 1970s and early 1980s [1988:5]. Both Pearson and Stirling, a sociologist at Loma Linda University, added that in those instances where Adventists operated the only hospital in a town, it was often under considerable pressure to provide abortion services regulated only by the Supreme Court ruling [Stirling, 1979:119]. Although Gainer did not deny this, he found that the hospitals with the largest abortion-to-birth ratios were located in the Washington D.C. metropolitan area, close to General Conference headquarters [Potomac Conference Abortion Study Commission file]. He concluded that the church had permitted the hospital policy for financial reasons and was attempting to mask it from the membership [1988:27].

Thus, in spite of the fact that by the mid-1980s the Adventist church ran a network of over 400 health institutions globally and women members inevitably faced their share of crisis - pregnancies, it did not have a consistent position on abortion, nor had it yet fostered any sustained discussion of the issue. Instead it drifted along according to local culture. Given this situation, and the increasingly bitter debate in society, it is not surprising that church leaders often stated that the church had avoided adopting a position:

The issues involved and the differences of opinion are so great that it was thought best not to endeavor to establish an official position. There is also the current volatile political situation surrounding the question and the church does not wish to become embroiled... [F.W.Wernick (a General Conference Vice-president) to G.F.Gibson, April 7, 1977, cited by Pearson, 1990:133].

This statement was technically correct: the church had issued guidelines to its hospitals, not a statement of right and wrong which would shape the conduct of its members and place it on one side or the other of the national debate. Moreover, both sets of guidelines had been voted only by the powerful but at that time *ad hoc* committee made up of the officers of the General Conference, rather than the official General Conference Committee, which usually rubber stamped the officers' recommendations. When the 1971 statement was released, the secretary of the renamed Committee on the Interruption of Pregnancy observed in his covering letter that "this is quasi official without the full imprimatur of the brethren" [C.E.Bradford, August 19, 1971, cited by Gainer, 1988: 24].

The situation of drift changed dramatically in October 1985, when demonstrators representing conservative Christian churches picketed Washington Adventist Hospital, protesting its abortion program--an action which was reported in the *Washington Post*. In earlier years, when it was difficult to get an abortion at any hospital in or around Washington, a very liberal obstetrics group at WAH had felt they should provide abortions, and they had since done a lot [interview]. The demonstrators asserted that hospital records showed that 1,494 abortions had been performed there between 1975 and 1982. Picketers carried a sign designed to agitate Adventists who, with their emphasis on Sabbath observance, see themselves as keepers of the Ten Commandments: "Adventists--Remember the 6th Commandment too!" [Washington Post, October 5, 1985; *Ministry*, January 1988:3,17] In the succeeding period Adventists were further embarrassed by demonstrations at other hospitals [Spangler, 1988:17]. In 1990 Loma Linda University Medical Center was picketed not only because it had performed abortions, but - because it had been congratulated by the California Medical Association for advanced research on fetal tissue [interview].

The demonstration at WAH was especially embarrassing to church leaders because of its proximity to the General Conference and their sensitivity to the public image of the church in Washington. It took place at a time, during the Reagan administration, when abortion was at the center of public debate and the pro-life forces seemed to be on a roll politically. Adventist leaders, whose concern to be in step with public opinion on the issue from as early as 1970 was noted above, wondered whether they were now out of step with it. A chorus of lay people asked questions and began to apply pressure from varying points of view. The abortion issue was suddenly placed under close scrutiny within Adventism in North America. This involved four main thrusts:

(1)The church press now addressed the issue systematically. The *Adventist Review* published the core of both the 1970 and 1971 statements--the first time that any portion of the 1971 guidelines appeared in print [Widmer, 1986:14-15], and the *Review* (Sept. 25, 1986), *Insight*, the magazine for youth [Jan.1988], and *Ministry* all attempted to run articles representing the differing opinions among Adventists. However, the latter two both continued to show sympathy to the pro-life position. For example, *Ministry* published a series of four articles on abortion during 1988, all of which were at least implicitly critical of the 1971 hospital guidelines.⁴ Two took strong pro-life positions [Fredericks, 1988: Sweem, 1988]. Another

⁴ *Ministry* had originally solicited five articles for what was planned as a single issue focusing on abortion. One of these was from George Gainer, who, since he was asked to address the history of the Adventist position on - abortion, would inevitably focus primarily on the statements of 1970 and 1971. However, he came under fire because of what he found in the files concerning the role of Neal C. Wilson, who was now president of the General Conference, concerning the development of these statements. Wilson eventually intervened and had the planned issue canceled. As a compromise the other four articles were published singly during 1988, but Gainer's article was omitted [Gainer, 1988:38-39].

critiqued the pragmatic approach the church had adopted to the question, which had been "very much in the spirit of the age" [Pearson, 1988:6]. The fourth paper argued that a decision to abort should never be made lightly, and reasons of convenience and expediency are "morally unacceptable" [Winslow, 1988:15]. An editorial accompanying the first of the *Ministry* articles called for "the church to give careful study to this issue from theological and ethical viewpoints" in order to "formulate a viable Adventist position on abortion, especially as it relates to policies governing our hospital system" [Spangler, 1988:17-20]. *Ministry* reported six months later that

"Our articles on abortion have touched a sensitive nerve. We are receiving more mail on this subject than on any other recently published article. The letters are running 10 to 1 in favor of the church adopting a stricter standard" [July 1988:3].

These issues were raised by male editors, most of the articles were written by males, and to the extent that some hospital administrators were calling for the church to clarify the confusion, they too were mostly males. The publications of the organizations representing Adventist women did not enter the fray. One of the editors of the latter explicitly encouraged articles or letters dealing with abortion [Ponderings, 3:2, 1990:20] but received only one [Ponderings, 4:1, 1990:1]. An editor of *The Adventist Woman* explained that abortion was not an issue of concern among her constituency at that time. Because of their lifestyle, they were not confronted personally by the issue, the prevailing 1971 guidelines provided hospitals with the flexibility that some members might have thought was ideologically necessary, and they were too engrossed with the concurrent debate over whether to alter denominational policy to allow the ordination of women pastors. However, another editor stated that they had shied away from the issue because Adventist women were so polarized over it [interviews].

(2) Scholars began to research the issue of Adventist hospitals and abortion. Gainer [1988] focused on the history of the hospital guidelines of 1970 and 1971, while both Winslow [1992] and Pearson [1990] surveyed Adventist hospitals concerning their policies and practices [see above].

(3) The constituency meeting of the Potomac Conference, whose territory contained two hospitals, Washington Adventist Hospital and Shady Grove Adventist Hospital, which had been - objects of pro-life protests, voted to form a study commission to examine abortion policies at the hospitals and records of the numbers and reasons for abortions there. The requested report was brought to another constituency meeting in September 1991 [Abortion Study Commission documents]. Speeches accompanying the presentation of the report explained, by pointing to the abortion statistics and hospital policy statements contained in the report, that the abortion policies of the hospitals "make absolutely no distinction between performing an abortion to save the life of a mother or performing an abortion to destroy the life of the fetus simply because she is a female, the case in most gender selection abortions."

Moreover, the ratio of abortions to live births was considerably higher at SGAH (4,438 births and 329 abortions in 1990) than at Florida Hospital, the largest of the Adventist medical institutions (4,228 births and 14 abortions), where its abortion policy stated that "...termination of pregnancy for socioeconomic reasons is prohibited" [Gainer, Abortion Study Commission documents].

After considerable debate, delegates passed a motion to appeal to the two hospitals

To immediately adopt and implement abortion policies that institutionally prohibit abortions for social or economic reasons including convenience, birth control, gender selection, or avoidance of embarrassment; limiting the abortion procedure to those times when a pregnancy threatens the mother's physical life, when the fetus is gravely abnormal, and in cases of rape or incest. The appointment of a committee charged with prospectively reviewing all requests for abortion would be essential to ensure implementation of these guidelines [Weber, 1991:25].

The motion also asked the Abortion Study Commission to continue monitoring abortion policies and numbers, and to report back to another constituency meeting. These events embarrassed the church leaders, who were unwilling to push the hospital administrators into full compliance with the requests for data.

(4) The Center for Christian Bioethics at Loma Linda University planned a conference for November 1988 entitled "Abortion: Ethical Issues and Options." Its stated purpose was to give an opportunity for qualified Adventists from different parts of the global church to "voice differing views concerning the morality of abortion in an atmosphere of open dialogue" [Larson, 1992:xi]. While it would not formulate recommendations for the church leadership, it was the hope of the organizers that the conference would assist in the emergence of a denominational consensus [interview].

However, the conference unexpectedly spawned action on the issue when members of the General Conference Committee, while considering a request for funds for the conference, expressed concern that Loma Linda University was taking control of the abortion issue. This resulted directly in the creation of the Christian View of Human Life Committee by the General Conference, whose first task was to address the abortion issue [see below]. The committee was announced in *Ministry* in November 1988, the month of the conference.

President Wilson expressed his nervousness about the conference in other ways also: although the General Conference provided \$5,000 towards the cost of the conference, he insisted that it not be identified with the General Conference [interview]; he also demanded

that the conference papers not be published while the issue was unsettled [Reid to Larson, August 30, 1988]. Nevertheless, the conference pointed the way firmly for the new Christian View of Human Life Committee. Although the 36 papers presented represented considerable variety in their points of view, from pro-life to considerable choice, the predominant view was a "centrist" position that was espoused by several ethicists. One of these explicitly urged that the church develop guidelines that would include both "respect for freedom of conscience"--"for historic Adventism, a person's conscience is inviolable"--and a view of human life as "precious and deserving of protection"--a view which is outraged by the 1.5 million abortions per year in the U.S.A. [Walters, 1992:175,177]. It also proved to be significant that, generally speaking, the authors of the papers at both extremes tended to have received less formal education than the authors of the centrist papers [interview].

The conference was ultimately received well in all quarters, including the General Conference [Reid to Larson, Nov.23, 1988; *Spectrum*, May 1989:1]. Its reputation spread so far that it was emulated by the Presbyterian Church, which invited its organizer, David Larson, to be a consultant for a conference held in Kansas City [interview].

The Making of an Official Statement

The request of the Bioethics Center for funding for its conference stimulated an impromptu discussion of abortion on the General Conference Committee. Many now felt that the church leadership could no longer ignore the issue, but were uncomfortable with the prospect of Loma Linda University seizing the initiative. Dr. Albert Whiting of the Department of Health and Temperance noted those who had seemed especially interested, and later called them to a meeting. Its recommendation that a committee be formed to address the issue was eventually realized, and Whiting, because of his initiative, was appointed chair. He invited those members of the General Conference Committee who had expressed interest to be members, and began to develop a list from which others would be chosen. Although Whiting "did not ask - prospective members their position on the issue, but only if they were knowledgeable and willing" [interview], the shaping of the committee's membership was vital to the emphasis of the statements it produced.

Whiting was "concerned to represent relevant disciplines" on the committee [interview]. The result was a highly educated group. When the committee was first appointed, church leaders prided themselves that seven of the 28 members were women—never before had a General Conference subcommittee had such a proportion of women. However, at its first meeting several members argued that it could not have credibility with the church on such an issue with such a low proportion of women. The committee then voted that it could not proceed further unless half the members were women. Church leaders then agreed to add

more women, and Whiting ultimately approached representatives of women's groups for names [interview]. Almost all of those added were highly educated professionals. Thereafter there were often more women in attendance at meetings than men [Winslow, 1991; *Adventist Woman*, Feb/March 1990:1]. The interest of women in the issue had been raised.

After more women were added, the occupations represented were listed as "attorneys, educators, General Conference personnel (which included those from Administration, Biblical - Research, Church Ministries, Education, Medical, and Women's Commission), homemakers, hospital administrators, nurses, pastors, physicians, psychologists, Family Life educators, - Marriage and Family Therapists" [Mazat, 1993:18]. The majority of those who were regularly active on the committee had hospital and/or medical connections (although in some cases these were through family members)--"it was their issue" [interview].

Given the concentration of highly educated members, many with medical connections and half of whom were professional women, the result was that, when compared with Adventism as a whole, the pro-life position was underrepresented on the committee. Although their names were suggested, the best known Adventist pro-lifers, such as George Gainer, who was responsible for the formation of the Potomac Conference Abortion Study Committee, and Teresa Beem, then president of Adventists for Life, were omitted from the committee because they "had already taken a position" [interviews]. The committee as originally established was left with almost no pro-life representatives, apart from the editor of *Ministry*, whose views were not known in advance. He later went to Whiting, arguing that it was unbalanced, and three others were added--but this was not until after the first draft of the statements had been written - [interview].

The committee was asked first to prepare drafts of a "consensus statement" on abortion and of guidelines for church-related health-care institutions [*Dialogue*, 2:1, 1990:32]. The first was seen as a statement of principles "directed toward a woman facing abortion" [*Update*, Sept.1993:6]. This segment of the paper focuses on the shaping of that document.

The committee met twice a year for three days each time, beginning in 1989. Although committee membership was skewed away from pro-life activists, the views represented varied considerably, and initially led key members to despair of ever arriving at a consensus [Winslow, 1991]. However, progress was made as the process became one of "seeking the middle ground" [*Adventist Woman*, Feb./March 1990:3]. Indeed, committee members often became enthusiastic about the process:

"Participating for two years as a lay member of the...Committee...has made me more hopeful about the Seventh-day Adventist Church than I have been for twenty years....

Members vigorously express widely divergent opinions, listen carefully to one another, and then find common ground within Adventism regarding fundamental issues confronting contemporary society" [McFarland, 1991:37].

A number of themes emerged in committee discussions. One of these was commitment to freedom of individual conscience--a deep Protestant conviction of individuality, of standing before God. There could be no room for coercion here. This became closely related to another theme, a commitment to the rights of women. A third theme was fear of state coercion, which is the foundation of the Adventist determination to protect the separation of church and state in the U.S. in order to try to guarantee freedom of religion [interviews].

Consequently, the committee early defined its task as providing guidance to women and the church at large rather than creating doctrinal statements: interpretation of their - recommendations should be left to the individuals concerned [McFarland, 1991:37]. This was very different from the dogmatic kind of stand that Adventists have often taken, for example, against tobacco [Update, Sept.1993:8]. This stance was strengthened as a number of stories of women in deep trouble with crisis pregnancies were featured at committee meetings: the - obstetricians and family counselors on the committee "constantly fed us reality--the cases that came to them" [interview].

"Some of us had worked with girls and women facing this agonizing choice, and we were strong advocates for the women in the face of some who thought most abortions were glibly chosen and were simply for convenience--made without much, but selfish, thought" [Mazat, *Update*, Sept.1993:6].

In an endeavor to find common ground, several drew a parallel between the abortion and military service issues. During wartime, the Adventist church has

"Encouraged young men to save life by serving as Army medics. But it did not legislate what they should do.... At the very least, we should honor women's conscientious decisions [about abortion] in the same way that we honor men's decisions about military service" [Watts, 1990:5].

During this debate, many of the committee members, especially among the women, realized that they were more liberal than most Adventists. The bottom line for them was that the ultimate choice would lie with the pregnant woman. They argued this in terms of freedom of conscience as well as women's rights. Although pro-lifers worried that this was freedom without responsibility, the committee decided for this early and subsequently debated it little [interviews].

Other strands unexpectedly reinforced this stance. Some conservative Adventists reject a pro-life stand because they feel Adventists should not be aligned with a position adopted so - strongly by the Roman Catholic Church, the more so because the latter wishes to utilize state power to achieve its goal. For example, the Religious Liberty director for the Pacific Union drew on the fears inherent in traditional Adventist eschatology to build a pro-choice case in a paper presented to the committee:

"The abortion issue is the catalyst to subject America, and indeed the world, to the papal 'divine right of rule' in all moral matters, social and religious, thus establishing its religion as the law of the land, and inflicting civil penalties on religious dissenters.... The abortion issue will likely serve as the needle that pulls behind it the thread of oppressive Sunday religious worship laws" [Stevens, 1989:10,19].

This specter appeared more menacing because of the alliance between the Moral Majority and the Catholics to pursue legislation. Liberal committee members were able to utilize this theme because they feared being confused with the fundamentalists [interviews].

A common undercurrent to the debate, which reinforced the dominant position, took the form of reminders of the need to protect the huge Adventist investment in its hospital system. The presence of so many committee members with medical and hospital connections ensured that this concern was never forgotten, and that gentle reminders were all that were necessary [interviews].

The pro-lifers on the committee naturally placed great emphasis on the sanctity of life. But here all the other members joined them, for life is important to Adventists because of their view of the wholeness of life and of prenatal influence. There was no debate over when life begins--the fetus was accepted as life. However, there was some disagreement when applying the concept:

"The Committee's search for guidelines was solidly based on the conviction of the sanctity of human life....not only in the protection of the unborn fetus, but in concern for children who are born into painful and appalling circumstances of subhuman – treatment" [Mazat, 1993:18-19].

Nevertheless, all agreed that the life of the mother takes priority over that of the fetus. [Winslow, 1991] The pro-lifers were very wary of creating "loopholes" allowing abortions, fearing that they could be stretched considerably. However, even they did not want their stand to contribute to government enforcement of morality. The Adventist stance on freedom of - conscience and church-state relations made itself felt here. Adventist pro-lifers were thus

different from those of other churches, who would probably have seen state enforcement as their objective. This made the Adventist pro-lifers more flexible [interviews].

Loma Linda University ethicist, Gerald Winslow, became the dominant figure in the debate. He was determined to offer greater protection to the fetus without denying freedom of conscience. It was important to him to ensure that Adventist hospitals did not follow an indiscriminate policy. He sought to distinguish among individual integrity, institutional practice, and social policy--to "call people to make personal decisions that protect God's prenatal gift, and ask Adventist health care institutions to do the same, while at the same time urging the state to permit wide latitude for the personal conscience of pregnant women" [Winslow, 1993:20]. Since his position was more conservative than current hospital policy and yet in tune with the need to allow abortions in extreme situations felt by many women and medical personnel, while protecting from state coercion, his became the central position around which the committee could coalesce.

Underlying this process was a special variety of Adventist conservatism that made most of committee members wary of taking extreme positions:

"Most Adventists oppose the extreme positions of both the pro-life and pro-choice camps. Mainline SDAs find it hard to agree with the open-ended options for abortion advocated by many pro-choicers. But then they find it equally difficult to identify with the confrontational methods often employed by the more rabid pro-lifers" [Rock, 1990:11]. We chose a central position because of the uniqueness of Adventism: we are not fundamentalists nor are we theological liberals; we draw on both the Old and New Testaments, justice and love, individual responsibility yet offer guidance" [interview].

The fact that when it came to abortion policy conservative Adventists lacked the clear "thus saith the Lord" that they usually look for, either in the Bible or in the writings of their prophet, reinforced their discomfort with taking an "extreme" position.

Winslow was given the task of writing the initial draft of the statement. This was then considered and modified in committee discussion, where votes were always lopsided, until ultimately a version of the document was able to win unanimous approval.

Drafts of both statements [see below for a discussion of the guidelines for hospitals] were submitted to the General Conference officers, who authorized their distribution in order to obtain broader comment. Both were widely published--in *Dialogue* in 1990 [2:1, 32-34], in *Spectrum* in 1991 [21:4, 40-43], and in the book containing 16 of the papers from the Loma Linda University Bioethics Conference [Larson, 1992:258-64]; the consensus statement was

published alone in *Ministry* in July 1990[19-20] and in *Liberty* in 1993 [Weber, 1993]. The plan was to modify the draft document if necessary according to the requested feedback, and then to pass it to Annual Council, a meeting of delegates from all 11 divisions of the world church, for - ratification.

Since most of the committee members were Americans, and the few foreign-born members were all residents of the U.S., discussions had an American flavor. Given the much stronger negative feelings towards abortion in Europe and especially the Third World, there was a possibility that their delegates would reject the statement when it came to Annual Council. The draft document was mailed to each of the world divisions, which were asked to form committees to respond to it. However, several of the divisions took little interest in the statement, regarding it as a response to an American issue, and since the responses received were diverse, they consequently had little impact on the statement [interviews].

The Christian View of Human Life Committee also mailed copies of the draft statement to union papers, colleges, women's groups, hospitals, etc. Their purpose in this was to make it known, to stir debate, to give the statement a life of its own no matter how the Annual Council dealt with it [Winslow, 1991].

The independent right wing Adventist press took umbrage at the statement. For example, the editor of *Pilgrim's Rest*, noting that the committee had been dominated by professional and career-oriented personnel, labeled the attempt to affirm both life and individual conscience "Jesuitical casuistry" and "doubletalk" ["Abortion Update," Jan.1992].

When *Ministry* published the draft statement in July 1990, its editor, David Newman, explained his rationale, as a pro-lifer, for supporting it:

"As a committee we wrestled with how to balance a high concern for life with the need to consider the less-than-ideal condition of this fallen world.... I am opposed to the taking of innocent life. But must I, can I, impose that view on people who view abortion as the lesser of two evils? While the church should uphold the sanctity of life, should it also give some guidance to those that feel that bearing a live child is an impossible option?" [19]

However, with time Newman became more negative towards the draft statement. In February 1991 he wrote that "the vast majority of the letters that we received disagreed with the consensus statement", and that because some committee members felt that it had neglected to provide a biblical foundation for the document, the committee had spent most of a meeting developing 12 principles that express the biblical view of the meaning of life. "We will need to take a fresh look at our abortion guidelines in the light of these principles" [5]. However, the

committee proved to be unwilling to return to the ground it had already plowed. Frustrated, Newman resigned from the committee, and *Ministry* increasingly became the voice of the pro-life position. In August 1991, in an issue headlined "The Christian View of Human Life", it adopted "a different approach," no longer trying to be "balanced" in its content [3]. Its strongly pro-life articles had the effect of questioning the draft statement [Kis, 1991; Gainer, 1991]. A year later, when the consensus statement was about to go to Annual Council for approval, *Ministry* published a strongly pro-life issue. The strongest of these articles [Weber, 1992] drew a stinging protest from a woman, who noted that all the articles had been by men:

Weber asks the rhetorical question: 'If the woman willingly engages in sex that results in conception, hasn't she already exercised her freedom of choice?' I doubt it. Most literature suggests that males are the primary aggressors in such relationships. Isn't there some male culpability in this matter? [Watts, 1993:1].

The draft statement, as initially published, allowed, among the "exceptional circumstances in which abortion may be considered," "significant threats to the woman's...physical or mental health" [*Spectrum*, Aug.1991:40]. The pro-lifers saw the inclusion of mental health as opening the door to anything, and wanted to limit this part to a threat to the life of the mother. The General Conference officers responded by insisting that the wording be modified to "serious jeopardy to her health" [*Adventist Review*, Dec.31, 1992:12]. However, this compromise left the pro-lifers dissatisfied, for they argued that using "health" without qualification still left room for "mental health."

These issues encouraged the sole pro-lifer on the committee, family counselor Millie Youngberg, to resume her opposition to the statement and, ultimately, along with Newman, to draft and sign a minority report. This report critiqued the majority report for not being sufficiently rooted in Scripture, and for opening loopholes for many other reasons for abortion than those specified through the use of "such as" when introducing them and allowing the "health" of the mother as a reason. It asserted that since the Sabbath memorializes Creation, and therefore life, "keeping the Sabbath requires profound respect for all life." Moreover, "personal freedom cannot violate another person's rights"--such as those of the fetus. Its list of exceptional circumstances under which abortion was acceptable was much narrower: "Abortion should be performed only to save the life of the mother and possibly in cases of grave fetal abnormality." The same standards would apply to hospitals. The General Conference Committee acted most unusually when it agreed to take both reports to Annual Council in October 1992. However, the minority report drew only two vocal supporters on the floor.

Neal Wilson, now the former president of the General Conference, also tried to kill the report, urging that no statement on abortion be made so close to the U.S. presidential election. He labeled the guidelines controversial and inconsistent, and urged that his 1971 hospital

guidelines be retained. He was initially successful in having the document tabled [Weber, 1993:12]. However, his successor, Robert Folkenberg, after brooding over the matter, spoke on the floor, urging that delegates stop waffling over the issue and vote the statement up or down. This was the first time he had clearly taken a position against Wilson in public. He had to show Wilson that he was no longer in command, and the issue was suddenly seen in those terms, which probably aided the statement's passage [interviews]. It passed with an overwhelming vote, with only five dissenting.

During debate the name of the document was changed from "Consensus statement on Abortion" to "Guidelines on Abortion." When it was published, the *Adventist Review* stressed that as guidelines they were "pastoral in nature, providing help to individual members as they personally struggle with the issues" [*Adventist Review*, Dec.31, 1992].

The statement, as approved, begins by affirming the sanctity of life:

"Prenatal human life is a magnificent gift from God. God's ideal for human beings affirms the sanctity of human life, in God's image, and requires respect for prenatal life."

While this does not necessarily exclude abortion, it means that

"Abortion is never an action of little moral consequence. Thus prenatal life must not be thoughtlessly destroyed. Abortion should be performed only for the most serious reasons."

Item 4 considers abortion in greater detail:

"Abortions for reasons of birth control, gender selection, or convenience are not condoned by the church. Women ..., however, may face exceptional circumstances...such as serious threats to a pregnant woman's life, serious jeopardy to her health, severe - congenital defects carefully diagnosed in the fetus, and pregnancy resulting from rape or incest. The final decision whether to terminate the pregnancy or not should be made by the pregnant woman after appropriate consultation."

Therefore, (5) because Christians are accountable before God, "any attempt to coerce women either to remain pregnant or to terminate pregnancy should be rejected as infringements of - personal freedom;" and (2),

"the church should offer gracious support to those who personally face the decision concerning an abortion. Attitudes of condemnation are inappropriate."

Item (3) attempts to bring life and choice together: "In practical, tangible ways the church as a supportive community should express its commitment to the value of human life"--including

"educating both genders concerning Christian principles of human sexuality, emphasizing responsibility of both male and female for family planning,...offering support and assistance to women who choose to complete crisis pregnancies... the church also should commit itself to assist in alleviating the unfortunate social, economic, and psychological factors that may lead to abortion."

Since these principles are relevant to Adventist hospitals,

"(6) Church institutions should be provided with guidelines for developing their own institutional policies in harmony with this statement. Persons having a religious or ethical objection to abortion should not be required to participate in the performance of abortions.⁵[*Adventist Review*, Dec.31, 1992:11-12]

By trying to straddle the fence--making the fetus significant, yet allowing a woman the right to choose--to keep Adventists together, the committee created some ambiguity. Consequently, while Whiting held that the committee had arrived at "a modified pro-life stand" [interview], Winslow described it as

"ultimately pro-choice, since its bottom line is that the pregnant woman must decide. It places emphasis on the value of life, but this is limited to persuasion" [Winslow, 1991].

Some months after submitting the draft of the statements on abortion to the officers of the General Conference, the committee sent them another statement also: "Care for the Dying," which dealt with euthanasia. However this, unlike the abortion statement, did not try to balance competing claims, to protect individual choice, or draw on the Adventist understanding of death in any explicit way. That is, it leaves no room for a doomed person to choose actively to speed his death [*Adventist Review*, Dec.31, 1992:14-15]. The closed mindedness displayed in this statement highlighted the openness of the abortion statement, and its exceptional status within Adventism.

Guidelines for Hospitals

While its general statement on abortion (discussed above) was relatively liberal, with the ultimate choice concerning whether or not to have an abortion being left with the pregnant woman, the Christian View of Human Life Committee drafted a much stricter set of guidelines for the Adventist hospitals. The committee was determined to change the hospitals' liberal reputation on abortion. Thus the guidelines emphasized the protection of life, and spelled out precisely both the exceptional circumstances under which hospitals could perform an abortion and internal controls to ensure that no abortion was performed without prior approval.

⁵ The clause on freedom of conscience of hospital personnel to opt out of participating in abortion procedures was included because reports of incidents where conscientious objectors had been pressured to participate had resulted in bad press. [Winslow, 1991]

The guidelines were drafted by Michael Jackson, a senior vice-president of Adventist Health Systems West, and formerly CEO at two California hospitals. Since they were stricter than the general statement, and were thus regarded as less controversial, less committee time was devoted to them. [interview]

The preamble described their purpose as "to assist the leadership of Adventist healthcare facilities in the development and implementation of institution-specific policies." The guidelines began strongly in language that drew from the general statement:

Prenatal human life is a magnificent gift of God and deserves respect and protection. It must not be thoughtlessly destroyed. Since abortion is the taking of life, it should be performed only for the most serious reasons.

Those reasons were listed as: "Significant threat to the pregnant woman's life or health, Severe congenital defects carefully diagnosed in the fetus, [and] Pregnancy resulting from rape or - incest." Explicit exclusions followed: "Abortion for social or economic reasons, including convenience, gender selection, or birth control is institutionally prohibited."

In order to ensure procedural compliance with these principles, the guidelines added that a hospital should set up a committee to "prospectively review all requests" for abortions. Its members should be "qualified to address the medical, psychological and spiritual needs of patients," and there should be an equal representation of women on the committee. "Abortions deemed appropriate should be performed only after a recommendation to do so is approved by the committee....Alternatives to the intentional termination of pregnancy should be presented before a final decision to proceed is reached by the pregnant woman.... A minimum period of twenty-four (24) hours should elapse between counseling and the choice to proceed."

They further laid down that if an abortion is medically indicated after viability, "the medical treatment of an infant prematurely born during the course of termination of pregnancy - should be the same as would be provided any other similar live-born fetus." Notwithstanding this, the woman's life and health must take priority when there is conflict between that and the life of the fetus.

A conscience clause was unequivocal:

"Under no circumstances should a woman be compelled to undergo, or a physician, nurse, or attendant personnel be required to participate in an intentional termination of pregnancy if she or he has a religious or ethical objection to doing so. Nor should attempts to coerce a woman to remain pregnant be permitted. Such coercion is an infringement of personal freedom, which must be protected."

Finally, records of abortions should be maintained, and a summary of them submitted annually to the hospital's board of directors.

The draft guidelines were submitted to the General Conference officers, who published them along with the general statement for purposes of comment in 1990 [*Dialogue*, 2:1,- 1990:32-34]. However, during that year the new General Conference President, Folkenberg, polled hospital administrators at a meeting concerning their abortion practices, and concluded that they were not abortion mills. Since he did not feel that the church was faced by a serious hospital problem, attention shifted away from the guidelines [interview].

The Christian View of Human Life Committee had intended the two documents to be "complimentary and inseparable" [interview]. However, the General Conference Officers, on the recommendation of the Adventist Health Association Cabinet, an informal body of North American healthcare and church leaders that meets regularly, decided not to send the hospital guidelines to Annual Council for approval [interviews]. This left the general statement to stand alone, in spite of its clause stating that "church institutions should be provided with guidelines for developing their own institutional policies in harmony with this statement."

Because the general statement addressed pregnant women faced with decisions concerning abortion, it caused confusion with hospital administrators concerned with the implementation of policy. Indeed, since the statement's bottom line was that the woman should decide, it seemed to indicate that a hospital should perform any abortion once it determined that the woman had settled on that course. This was far from the intention of the committee.

When Jackson received several baffled calls from hospital administrators, he chose to write to the president of the North American Division, urging the need to address the guidelines for hospitals. Subsequently, in August 1993, they were taken to the Adventist Health Association Cabinet, which endorsed them. Most hospital administrators in attendance at the meeting claimed that they were already in compliance with them [interviews]. The Cabinet also changed the name of the document from "Guidelines: Intentional Termination of Pregnancy for Adventist Healthcare Facilities" to "Minimal Standards for Intentional Termination of Pregnancy for Adventist Healthcare Facilities," in order to avoid confusion with the new title of the general statement [letter, Whiting to Lawson, Sept.27, 1993]. By choosing to go this route rather than take it to Annual Council, the guidelines were not brought to bear on Adventist hospitals outside the U.S.

Since the Cabinet is not incorporated, it has no mechanism to enforce decisions. Instead it makes recommendations, which the individual hospitals follow as they are willing. However, in view of the cabinet's earlier recommendation that the statement not be submitted to the Annual Council, the meaning of its endorsement was not immediately clear.

Hospital Compliance with the Guidelines

In order to test compliance with the new guidelines, I interviewed personnel connected with four Adventist hospitals in the U.S. Three of these were the hospitals most involved with controversies over abortion practice since 1970: Castle Medical Center (formerly known as Castle Memorial Hospital), Washington Adventist Hospital, and Shady Grove Adventist Hospital. The fourth, Kettering Medical Center in Ohio, was chosen to act as a control.

CMC has had a high ratio of abortions to births since 1971--close to 10%, which puts it proportionately in the same league as SGAH, although its totals are lower because it is a smaller hospital [interviews].

Michael Jackson did not know whether or how the "Minimal Standards" statement had been publicized to the hospitals in other regions of the U.S. However, because of his commitment to it, he is working to have it implemented in the western states, the area under the jurisdiction of his organization. When he was appointed chair of the CMC board, he tried to make abortion a board issue. The CEO fended him off, because of the history of the issue at the

hospital and the volatile nature of the topic, by agreeing to increase his efforts to reduce the number of abortions. He approached the obstetricians, explained that the church was increasingly focusing on the issue from a philosophical point of view, and encouraged them to carry out their abortions elsewhere. The number of abortions has slowly declined as a result of these efforts.

The CMC abortion policy is modeled on the 1971 guidelines, and has not been revised, although the CEO passed the Minimal Standards to the obstetricians once Jackson made them available. However, it seems to the hospital administrators as if AHS West will not attempt to enforce the guidelines as long as they keep the ratio of abortions to births down: "If we saw abortion as murder, we would do more to try to stop it in our institutions"[interviews].

The situation at the two hospitals in the Washington, D.C. area contrasts with that at CMC because they have no one in the administrative structure pushing for compliance with the new Minimal Standards document. In a letter to the Potomac Conference following up on the Abortion Study Commission in March 1993, the secretary of the Adventist HealthCare Mid-Atlantic Corporation stated that the board had endorsed the provisions of the general statement, and that the individual hospital boards would also vote policies that adhere to these guidelines in their meetings in April 1993: "In general the hospitals are already following these guidelines" [Peters to Evans, March 2, 1993].

Since, as explained above, it would be easy to claim compliance with the general statement, considering how it can be interpreted, I asked for the abortion policies of both WAH and SGAH in October, 1993. Neither hospital had changed its policy at the time of review earlier in the year.

The abortion policy of SGAH states explicitly that it is in compliance with the new General Conference guidelines (that is, the general statement). However, a Vice President complained in an interview that the guidelines were so ambiguous and unclear that it was very difficult to know whether they were in compliance. The hospital was not aware of the Minimal Standards document, nor in compliance with it. First trimester abortions are a matter between doctor and patient, so that no restrictions apply, nor is there a committee to pre-approve them. There is a committee in place to pre-approve later abortions. Even then, a decision to abort a defective fetus has no rules concerning the gravity of the defect; nor is there a statement governing a late abortion producing a live fetus.

WAH policy leaves every abortion decision to the doctor and patient, so long as it is in accordance with federal and state law. It has not been changed in several years. It is thus totally out of compliance with the Minimal Standards, of which they also claim to be ignorant. In an interview with a doctor from the obstetrics department, I found that the number of abortions

performed there had fallen in recent years, but not because of policy: cheaper abortions are now available at clinics. He said that most of the abortions there these days are performed by doctors who come to WAH only for abortions and choose to take their other patients to the Catholic hospital. He had not heard of the "Minimal Standards" document until I informed him of it, and he then found it "very cumbersome" [interview].

Nor is the Abortion Study Commission of the Conference likely to help bring these hospitals to compliance, for it has recently allowed its teeth to be extracted. The majority report of the Commission to the 1993 constituency meeting failed to demand updates of policies from the hospitals. The minority thought the study meaningless without this, and submitted their own report demanding that the updates be sought. At the constituency meeting, the conference president yielded the chair to the union president, who is also chair of the hospital corporation, who ran the debate in a very partisan fashion, with the result that the minority motion failed by a large margin [interview].

The control case, Kettering Medical Center, also proved to be not aware of the Minimal Standards. Neither is its policy in compliance with that document: it has no committee to approve abortions, and its policy seems rather liberal. However, the CEO and obstetrics staff choose to act conservatively, with the result that only three or four abortions are performed there per year, and these are limited to when there are serious birth defects or the mother is at risk. The CEO makes speeches saying that they do not want that kind of business, which is just as well, for the local culture would not tolerate large numbers of abortions [interviews].

However, an interviewee did mention a looming problem: hospital administrators expect that hospitals will soon be forced to form partnerships with others in order to be able to compete for insurance contracts. Two of the flagship Adventist hospitals are already in trouble because their rivals have formed partnerships, and administrators are concerned that Adventist - hospitals will not survive as stand-alone players. In a partnership, a super board would be formed which would agree to a contract, and once that is done the member hospitals would be obliged to provide the services. A consultant to Catholic hospitals is urging them to state their values up front so that these can become part of the partnership. But this could lead to hospitals being rejected as partners. The hottest topic among Adventist hospital administrators is how their Sabbath restrictions would effect this process: for example, if elective surgery is off limits on Saturday, the length of stay is increased and the hospitals have to bear the cost. Adventist - hospitals are already loosening their rules concerning the Sabbath. A stand on abortion could also cause problems, though he had not heard that being talked of. Where policies are set by - departments rather than the hospital board, which has been the case sometimes concerning abortion, these would not be included in a partnership agreement, so that they would come under a lot of pressure. Church leaders are aware of the pressures on hospitals to form partnerships, and the Loma Linda University Center for Christian Bioethics has planned a seminar on the issue in February 1994 [interview].

It seems likely that this looming problem for the hospitals was an additional reason why they sought to avoid the restrictions on their flexibility that would have flowed from taking the "Minimal Standards" to Annual Council.

In sum then, Adventist hospitals are much more independent of the church today than they were in 1970, so that they are much less likely to ask the church for advice. Many hospital - administrators think of their institutions as primarily community hospitals: they elect to adjust to community standards, and do not regard their standards as the business of church leaders [interviews]. Since the text of the Minimal Standards document left enforcement to the hospital boards, and the General Conference has made no attempt to push compliance with the - guidelines, unity of practice among Adventist hospitals is unlikely. The fact that the hospitals contacted are not yet aware of the Minimal Standards suggests that the best place to classify them may be under "window dressing."

Interpretation

Because of its sectarian roots and conservative theology and view of the Scriptures, many would expect the Seventh-day Adventist Church to adopt an uncompromising pro-life position. - However, although surveys confirm that a majority of members in the U.S. do lean in that direction and that globally Adventists are strongly opposed to abortion, Adventists have never adopted the expected position. It has been shown that while America argued and anguished over abortion policy for over twenty years, the Adventist church failed to give guidance to members wrestling with personal decisions over problem or unwanted pregnancies and allowed a permissive policy within its hospital system. When it finally addressed the issue in 1992, the church issued guidelines to its members which affirmed the value of the life of a fetus and strongly discouraged abortions for trivial reasons, but left the ultimate decision to the pregnant woman. Meanwhile, however, an attempt to issue a companion statement which would have had the effect of bringing unity of practice to Adventist hospitals by eliminating abortions of convenience has apparently been diverted.

What are the reasons for this confusing history, and for the complexity of the current situation? This section attempts to summarize the data in order to make an interpretation. It points to several key factors.

For the first several decades of their history Adventists were remarkably homogeneous: white, English-speaking, rather poor, rural Americans. However, as evangelistic and missionary zeal transformed the one time local sect into the present global denomination of 7.5 million members, it changed its face. Adventism became extraordinarily diverse in terms of race, socioeconomic status, and theological stance, as well as geographic and cultural spread. These divisions are reflected in attitudes towards abortion: the data indicate that nonwhite race,

lower status, more sectarian theology, and Third World location are all correlated with greater antagonism towards abortion. However, the basic division is based on SES, which I have measured in terms of educational attainment. Education and subsequent professionalization became the engines of upward mobility among Adventists born into the church, especially in the U.S. At the same time the apocalyptic emphasis in Adventist evangelism continued to attract poor converts--indeed, even poorer than earlier when the introduction of the five-day week - made the Saturday Sabbath less of a problem for employees. This created very broad SES range within Adventism. In the U.S., converts have come increasingly from the ranks of new immigrants in recent years, and thus from among the poorest of the racial minorities, and because they have been exposed to evangelists rather than college religion courses, their theology tends to be - much more sectarian. Meanwhile, the enormous expansion of Adventism in many parts of the Third World in the past 20 years has created churches made up of recent converts who have often been drawn from among the poor. Adventist antagonism towards abortion is greatest in these countries.

The Adventist involvement in medicine and hospitals, and consequently in education, resulted in considerable upward mobility among church members, especially in the U.S., and the emergence of an influential elite who, for both ideological and professional reasons, have been inclined to hold open an abortion option. Even though few of the hospitals carried out large - numbers of abortions, the administrators of this influential segment of the church sought to retain their flexibility and expand their independence as they pursued their own corporate goals. They therefore rejected the restrictive abortion guidelines issued in 1970, demanding the right to do elective abortions if they wished. Later, in 1992, when they persuaded the General Conference officers to omit the new set of hospital guidelines proposed by the Christian View of Human Life Committee from the agenda of the Annual Council, they again avoided the ratification of restrictions on their actions. Meanwhile, church leaders have been obliged to try to conceal the permissive 1971 guidelines, to cope with demonstrations by non-Adventists protesting abortion policies at Adventist hospitals and the consequent questioning and expressions of outrage by many members, and to explain the inconsistency between the value placed on a fetus by the new abortion guidelines for pregnant members and the continuing permissive practice at some of the hospitals. Malcolm Bull noted that "the medical work is implicitly in conflict with the specifically religious aspects of the Adventist tradition" [1988:20]. The question of abortion has crystallized this conflict [Terian, 1992:209].

The process of choosing members of the Christian View of Human Life Committee was fundamental to the shaping of the general statement on abortion, since opinions among American Adventists were strongly divided on the issue. Although the committee reflected the American church in race and gender, the emphasis on expertise ensured that the membership was highly educated and professional, with an especially strong representation from persons connected to medicine and a large number of professional women. Such a group was inevitably

much more theologically liberal than average, especially since some of the most articulate pro-life spokespersons were excluded. It is not surprising that such a committee decided early in the process that the ultimate decision on whether or not to have an abortion should be left to the pregnant woman.

One of the members of the Christian View of Human Life Committee argued that "the new Adventist position [on abortion] is evidence that sectarian religion can foster a serious challenge to traditional religion--that it can be different and distinct from Fallwell and the right-to-lifers." He held that the main reason why Adventists adopted the general statement in 1992 was their "strong commitment to freedom of conscience and religious liberty" [interview]. This paper has shown how peculiarities in the theology and evolution of Adventism led many of its members to insist that the ultimate choice concerning abortion must be left to the individual conscience. Several strands here helped to build a broad coalition, ranging from traditional to liberal Adventists, and to disarm many of those with pro-life sympathies. Thus, many of the more sectarian Adventists, because of their fear that state coercion will impinge on their observance of the Sabbath before the apocalypse, rejected a pro-life position because it was identified with - Catholics who wished to enlist the apparatus of the state to impose it. Feminists, invigorated by their continuing struggle to secure ordination of women pastors, embraced freedom of conscience as a means of establishing the ultimate right of a woman to choose whether or not to carry her fetus to term. And many upwardly mobile Adventists, including both church - administrators and professionals among the laity, in their longing for social acceptance shied away from a position that might link them to fundamentalists, preferring instead to choose a stance akin to that of the mainstream Protestants, with whom they were eager to identify.

It should be added that this was an American committee speaking for a world church where opinion ran much more strongly against abortion than in the U.S. Although foreign delegates could have coalesced to defeat the statement when it was before Annual Council, they instead supported it because it was normal, within the Adventist system, to ratify a report from a committee, and because they saw it as responding to an American need, and therefore of little relevance to them. They were especially likely to support it once the vote became a test of the power of the world president in a dispute with his predecessor.

If the new position on abortion is to truly take hold, pro-life and pro-choice members will have to be brought together through the implementation of the third item in the 1992 statement:

"[E]ducing both genders concerning Christian principles of human sexuality, emphasizing responsibility of both male and female for family planning,...offering support and assistance to women who choose to complete crisis pregnancies... [T]he

church also should commit itself to assist in alleviating the unfortunate social, economic, and psychological factors that may lead to abortion."

To this I would add another insight:

"If we want to condemn abortion, we must be prepared to better sustain a woman who chooses to bear her baby. Christian schools need to change their rules and accept pregnant students and students with babies, help support them or get them support if necessary. They also need to provide good sex education" [Kruger,1992].

However, these are the kinds of areas where Adventism perhaps performs most poorly.

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